Emergency Management Assistance Compact (EMAC) Interstate Mutual Aid Request For Assistance Form REQ-A, 2011



1102-REQA-5378-0-1

SECTION I TO BE COMPLETED BY THE REQUESTING STATE

| Exercise or Event: | Event | New or Amendment #: | New |
|---------------------------|------------------------|-------------------------------|--------------|
| Event | Dakota Access Pipeline | e (DAPL) Protest October 2016 | |
| Date | 11/04/2016 | Requesting State | ND |
| State Mission Tracking #: | 16-073-215 | EM Software Tracking #: | 16-073-215 |
| Requesting Agency: | North Dakota | EMAC Tracking #: | 1102-RR-5378 |

Requesting State REQ-A Contact

| First Name: | Geneva | Last Name: | Anderson |
|-------------|-------------------|------------|--------------|
| Phone 1: | 701-328-8253 | Phone 2: | 701-328-8100 |
| Email 1: | geanderson@nd.gov | Email 2: | nddes@nd.gov |

Resource Request

| Mission Type/Source: | State | State Type/Status Law Enforcement | | | | |
|-----------------------|--|--|---|--|--|--|
| Mission Description: | 6 St. Charles (Louisia | 6 St. Charles (Louisiana) Sworn Law Enforcement Officers (7 to 10 days) | | | | |
| Resource Description: | | ng in a situation involving civil unre ota Access Pipeline (DAPL) project | est and criminal activities related to i, primarily in southern Morton County in | | | |
| | (QRF). Mobile Field | Force (MFF) | duties within the Quick Response Force | | | |
| | Immediate Action Team (IAT) Recon Team | | | | | |
| | Arrest Team | | | | | |
| | Transport Team | | | | | |
| | Patrol within Morton County | | | | | |
| | Traffic Contro | ol | | | | |
| | Requesting Agency will reimburse wages, to include overtime, for officers deployed to North Dakot but not back-fill at home station. | | | | | |
| | Desired deployment is 7 to 10 days on site with 2 travel days for a total of 9 to 12 days | | | | | |
| | Additional Skills and E | Equipment (if available): | | | | |

| | Mark III | | | 1 | |
|-------------|----------------------|--|---|--|--|
| | 1.) 2.) of yea | Winter wea | | eld/gas mask/MFF uniform if issued one.) er in North Dakota is very unpredictable this time | |
| | 3.) | 40/37mm c | 40/37mm chemical munitions launcher if officer is a certified operator. | | |
| | a. | A 4 x 4 marked vehicle is preferred, but not required. | | t required. | |
| | b. 5.) disturb | Preferable, I | 1 vehicle for every 2 deputies/officers. Preferable, but not required, officers be mobile field force trained (i.e. riot control, civil nce) and deploy as a team. | | |
| NIMS Type: | | | , | | |
| # Requested | 6 | | # Type: | Personnel | |

Deployment Dates (Including Travel Days)

| Deployment Date: | 11/5/2016 | Demobilization Date: | 11/12/2016 |
|------------------|-----------|----------------------|------------|
| Duty Length | 8 | | |

Deployment Details

| Work Location / Facilities | Field Impacted Area | | |
|----------------------------|--|--|--|
| Location / Facility Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City | Zip Code | | |
| Working Conditions | Normal - Infrastructure & Support services operational | | |
| Comments: | Officers may experience extended periods of exertion, and should be physically fit and prepared to operate in an outdoor environment with unpredictable weather. | | |
| Living Conditions | Normal - All amenities available | | |
| Comments: | Lodging will be arranged | | |
| Logistics Comments: | Lodging will be arranged for and provided for deputies/officers. Meals are provided while on duty, per diem authorized for other meals. | | |

Identify Health & Safety Concerns (All Selected Apply)

| | No Safety or Health Concerns have been Identified | |
|---|---|--|
| Immunizations or Vaccinations are suggested to deploy | | |
| X | Environmental Hazards Exist | |
| X | Personal Protection Equipment Needed | |
| Safety Concerns / Remarks | Civil disobedience situation | |

Requesting State Resource Coordination Contact

| First Name | Brandon | Last Name | Hoechst |
|------------|--------------|-----------|------------------------------------|
| Title | Logistics | Agency | North Dakota Emergency Services |
| Phone 1 | 701-328-8174 | Mobile | 701-595-6670 |

| POC First Name | Jason | Last Name | Ziegler |
|------------------------|--------------|-----------|--------------|
| Phone 1 | 701-667-3441 | Phone 2 | 701-391-1753 |
| Location/Facility Name | Fright. | | |
| Address 1 | V 11 1 | | 8 |
| Address 2 | | | |
| City | | Zip Code | |

Email 2

nddes@nd.gov

bhoechst@nd.gov

Email 1

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

| Name of EMAC Authorized Representative | GREGMIWILZ, DI | (CC TO) |
|---|----------------|----------|
| Signature of EMAC Authorized Representative | mm // | Date / / |
| | - filledy | 11/4/16 |

Emergency Management Assistance Compact (EMAC) Interstate Mutual Aid Request For Assistance Form REQ-A, 2011



1102-REDA-5378-0-2

SECTION II TO BE COMPLETED BY THE ASSISTING STATE

| Assisting State: | LA | State TN #: | 1116-046 |
|-------------------|----------------------------|----------------|----------|
| Assisting Agency: | St. Charles Parish Sheriff | State EM TN #: | |

Offer Description

| Mission Start Date: | 11/5/2016 | Arrival Date: | 11/6/2016 |
|----------------------|--|-------------------|-----------------|
| Departure Date: | 11/12/2016 | Mission End Date: | 11/13/2016 |
| # Mission Days: | 9 | | |
| Mission Type | State | Type / Status | Law Enforcement |
| Mission Description | 6 St. Charles (Louisiana) Sworn Law Enforcement Officers (7 to 10 days) | | |
| Resource Description | Six (6) St. Charles Parish Sheriff Deputies - Equipment - Two Patrol units | | |
| NIMS Type: | Select One: | | |
| # Requested: | 6 | # Type: | Personnel |

In-State Resource Point of Contact

| First Name: | Marion | Last Name | Shuff (Lt.) |
|-------------|-----------------------------|-----------|--------------|
| Phone 1: | 504-234-6301 | Phone 2: | 504-234-6301 |
| Email 1: | mshuff@stcharlessheriff.org | Email 2: | med ed. |

Assisting State REQ-A Contact

| First Name: | Victoria | Last Name | Carpenter |
|-------------|---------------------------|-----------|--------------|
| Phone 1: | 225-572-9498 | Phone 2: | 225-925-7517 |
| Email 1: | victoria.carpenter@la.gov | Email 2: | |

Total Mission Estimated Costs

| Travel: | \$0.00 |
|------------------|-------------|
| Personnel: | \$27,889.56 |
| Equipment: | \$4,266,00 |
| Commodities: | \$0.00 |
| Other: | \$0,00 |
| EST. TOTAL COST: | \$46,960.20 |

Travel

| Personal Vehicle Costs: | \$6,866.64 | Rental Vehicle Costs: | \$0.00 | Gvt. Vehicle Costs: | \$0.00 |
|----------------------------|------------|-----------------------|--------|---------------------|------------|
| Air Travel Costs: | \$0.00 | Meals & Tips | \$0:00 | Meals & Tips (Per | \$3,024.00 |
| | | 4-1-1-1 | | · | |

(Receipt):

Diem):

| Lodging: | \$4,914.00 | Parking Fees: | \$0.00 | Shipment & Transportation: | \$0.00 |
|-------------------|--------------------------|---------------|--------|----------------------------|--------|
| Identify any tran | sportation requirements: | | | • | |

Personnel Assigned to Mission

| b | | | |
|----|---------|---|--|
| 1 | Total: | 6 | |
| -1 | (Chair | | |

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

| Name of EMAC Authorized Representative | James B. WASKOM | | |
|---|-----------------|------|-----------|
| Signature of EMAC Authorized Representative | Zm BWZ | Date | 11/4/2016 |

Personnel Costs

| Name / Phone / Email | Reg. Salary Hourly Rate | Fringe Benefit Hourly Rate | Reg. Hours Worked Per Day | OT Salary Hourly Rate | OT Fringe Benefit Hourly Rate | OT Hours Worked Per Day | # Days | Total Daily Cost | Total Mission Cost |
|----------------------|----------------------------|--|---|--|--|--|---|---|---|
| | \$23.24 | \$8.66 | 8.00 | \$34.86 | \$6.26 | 6.00 | 9 | \$501.92 | \$4,517.28 |
| | \$20.03 | \$7.47 | 8.00 | \$30.05 | \$5,39 | 6.00 | 9 | \$432.64 | \$3,893.76 |
| | \$19.46 | \$7.25 | 8.00 | \$29,19 | \$5,24 | 6.00 | 9 | \$420,26 | \$3,782.34 |
| | \$23.20 | \$8,65 | 8.00 | \$34.80 | \$6,25 | 6.00 | 9 | \$501,10 | \$4,509.90 |
| | \$27.81 | \$10,37 | 8.00 | \$41.72 | \$7.49 | 6.00 | 9 | \$600.70 | \$5,406.30 |
| | \$29.74 | \$11.08 | 8.00 | \$44.61 | \$8.00 | 6.00 | 9 | \$642,22 | \$5,779.98 |
| | Name / Phone / Email | \$23.24 \$20.03 \$19.46 \$23.20 | Hourly Rate Benefit Hourly Rate \$23.24 \$8.66 \$20.03 \$7.47 \$19.46 \$7.25 \$23.20 \$8.65 \$27.81 \$10.37 | Hourly Rate Benefit Worked Per Day | Hourly Rate Benefit Worked Per Hourly Rate | Hourly Rate Hourly Rate Hourly Rate Hourly Rate Hourly Rate Hourly Rate Day Hourly Rate Hourly Rate Hourly Rate Seneitt Hourly | Hourly Rate Benefit Hourly Rate Day Hourly Rate Benefit Hourly Rate Day Hourly Rate Day | Hourly Rate Benefit Hourly Rate Benefit Hourly Rate Benefit Hourly Rate Day Day Hourly Rate Day Day Hourly Rate Day Hourly Rate Day Day Hourly Rate Day Day | Hourly Rate Hourly Rate Hourly Rate Hourly Rate Day \$23.24 \$8.66 8.00 \$34.86 \$6.26 6.00 9 \$501.92 \$20.03 \$7.47 8.00 \$30.05 \$5.39 6.00 9 \$432.64 \$19.46 \$7.25 8.00 \$29.19 \$5.24 6.00 9 \$420.26 \$23.20 \$8.65 8.00 \$34.80 \$6.25 6.00 9 \$501.10 |

Commodity Costs

| 1.0 | | | | | |
|-----|----|-----------------------|---------------|----------|-------------|
| | ID | Commodity Description | Cost Per Item | Quantity | Total Costs |

Equipment Costs

| 1D | Equipment Description | Cost Per Item | Qty | Rate Per Day | Qty | # Days Used | Total Cost |
|-------|--|---------------|-----|--------------|-----|-------------|------------|
| 11084 | Automobile, Police FEMA code 8073 (\$19.75 hr estimate 12 hr | \$0.00 | 0 | \$237.00 | 2 | 9 | \$4,266,00 |
| | day) | 1 | | | | | Ĭ |

Other Costs

| | | | | | _ | | |
|----|-------------------|-----------------|-----|--------------|-----|-------------|------------|
| ID | Other Description | Cost Per Item C | Qty | Rate Per Day | Qty | # Days Used | Total Cost |

Emergency Management Assistance Compact (EMAC) Interstate Mutual Aid Request For Assistance Form REQ-A, 2011



1102-REOA-5378-0-3

SECTION III TO BE COMPLETED BY THE REQUESTING STATE

| Date | 11/04/2016 | | | | | | | |
|------------------------|-------------------------|--|----------|--|--|--|--|--|
| Event | Dakota Access Pipelin | Dakota Access Pipeline (DAPL) Protest October 2016 | | | | | | |
| Mission Description: | 6 St. Charles (Louisian | na) Sworn Law Enforcement Officers (7 to | 10 days) | | | | | |
| Req. State Tracking #: | 16-073-215 | Assisting State Tracking #: | 1116-046 | | | | | |

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

| Name of EMAC Authorized Representative | Greg Wilz | |
|---|-----------|--------------|
| Signature of EMAC Authorized Representative | 7 Mill | Date ///4//L |
| | | |